

FILED OCT 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035742

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5214 Registrar's No. 25

300
1-57
80
1

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Johnson Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>ELLSINORE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RT 2</u>		Length of stay in lb <u>35 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>0180 RT. 2</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNIE ROSE CARRIGAN</u>			4. DATE OF DEATH Month Day Year <u>Oct 21, 1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 6, 1863</u>
9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MORGAN Co. ILL</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM CARRIGAN</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY KINKIADIE</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>ESSIE COSTELLO</u> Address <u>MO RT. 2 ELLSINORE</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>W. pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>hypertension same</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> <u>Don't know</u> <u>Don't know</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-17-58</u> to <u>10-21-58</u> and last saw her alive on <u>10-22-58</u> Death occurred at <u>8:25 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. E. Burren M.D.</u> (Degree or title)		22b. ADDRESS <u>Perkins Ave</u>	22c. DATE SIGNED <u>10-24-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-23-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRESHAM CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CARTER Co. MO.</u>
24. FUNERAL DIRECTOR <u>MCSADDEN</u> ADDRESS <u>VAN BUREN MO</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 29-1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>

RECEIVED

OCT 30 1958

CARTER COUNTY
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Allen C. McSpadden*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.